## 12030950034

FEC FORM 1

## STATEMENT OF ORGANIZATION

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| FORM 1   | ORGANIZ                               | ATION  |  | Mand Just 2014 7 - 7.           |
|--|---------------------------------------|--|--|---------------------------------|
| NAME OF     COMMITTEE (in full)  | (Check if name is changed)            | Example:If typing, type over the lines.                                      | 12FE4M5  |                                 |
| MASSACHUSE   | TTS SENATOR                           | RIAL CAUCUS  | <del>                                     </del> |                                 |
| ADDRESS (number and street)  | P. O. BOX 83                          | <b>394</b>   |  |                                 |
| (Check if address is changed)  | DELRAY BEA                            | \CH  | , FL   | 33482                           |
|  |                                       | CITY   | STATE  | ZIP CODE                        |
| COMMITTEE'S E-MAIL ADDRE   | · · · · · · · · · · · · · · · · · · · | e-mail address)<br>SenatorialCau   | cuses@ya   | ahoo.com                        |
| COMMITTEE'S WEB PAGE ADDRESS (URL)   |                                       |  |  |                                 |
| (Check if address is changed)  |                                       | <del></del>  |  |                                 |
| 2. DATE 10 29° ' 2012 '  |                                       |  |  |                                 |
| 3. FEC IDENTIFICATION NUMBER C   |                                       |  |  |                                 |
| 4. IS THIS STATEMENT   | NEW (N) OR                            | AMENDED (A   | )  |                                 |
| I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.   |                                       |  |  |                                 |
| Type or Print Name of Treasurer RICHARD KEVINSTON  |                                       |  |  |                                 |
| Signature of Treasurer   | Ruff -                                |  | <sub>Date</sub> 10                               | * ′ 29° ′ 2012 `                |
| NOTE: Submission of false, erroneous, or inetimplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.  ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. |                                       |  |  |                                 |
| Office<br>Use<br>Only  |                                       | For further information Federal Election Communication Toll Free 800-424-953 | mission  | FEC FORM 1<br>(Revised 02/2009) |